## I-4-199 Exhibits

## PROUTING AND TRANSMITTAL SLIP FOR AFFIDAVITS

	DATE ROUTING AND TRANSMITTAL SLIP			
TO:	(Name, Office Symbol, Room Number, Building, Agency/Post)		Initials	Date
1.	. Director, Division		er F	
2.	Director, OCA			
3.	Control Clerk - OC			
4.				
5.				
			<del></del>	
	Action Approval As Requested Circulate Comment Coordination	File For Clearance For Correction For Your Information Investigate Justify	Note and Return Per Conversation Prepare Reply See Me Signature Other	
REM	ARKS			
Re:		Affidavit (indicate type) - Untimely		
		- Failure to Exhaust		
		- <u>Res</u> <u>Judicata</u>		
		- Other		1
Claimant's Name:				
SSN:				
DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions				
FRO	M: (Name, Org. Sym	Room Number-	-Building	
			Phone Number	

5041-102

\*GPO: 1981 0 - 341-529 (134)

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA

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